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CONFIRMATION NO. 7660

<b>SERIAL NUMBER</b> 09/785,215	<b>FILING OR 371(c) DATE</b> 02/20/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 3631-0107P
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/186,295 03/01/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2000 00265 02/21/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/07/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> DENMARK  <b>SHEETS DRAWING</b> 1  <b>TOTAL CLAIMS</b> 58  <b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	

**ADDRESS**

2292

**TITLE**

Method for down-regulation of amyloid

<b>FILING FEE RECEIVED</b> 1924	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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